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PTO/SB/50 (02-01)

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No. MBI -1067  
First Named Inventor DUNN, et al.  
Original Patent Number 6,125,548  
Original Patent Issue Date  
(Month/Day/Year) 3/21/2000  
Express Mail Label No.

APPLICATION FOR REISSUE OF:  Utility Patent  Design Patent  Plant Patent  
(Check applicable box)

### APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/ SB/ 56)  
*(Submit an original, and a duplicate for fee processing)*
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format *(amended, if appropriate)*
- Drawing(s) *(proposed amendments, if appropriate)*
- Reissue Oath/Declaration (original or copy)  
*(37 C.F.R. § 1.175) (PTO/SB/51 or 52)*
- Power of Attorney
- Original U.S. Patent currently assigned?  Yes  No  
*(If Yes, check applicable box(es))*  
 Written Consent of all Assignees (PTO/SB/53)  
 37 C.F.R. § 3 73(b) Statement  
*(PTO/SB/96)*
- CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all of the following are necessary)*
  - Computer Readable Form (CFR)
  - Specification Sequence Listing on:  
i  CD-ROM (2 copies) or CD-R (2 copies); or  
ii  paper
  - Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

- Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
- Original U.S. Patent for surrender  
 Ribboned Original Patent Grant  
 Statement of Loss (PTO/SB/55)
- Foreign Priority Claim (35 U.S.C. 119)  
*(if applicable)*
- Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
- English Translation of Reissue Oath/Declaration  
*(if applicable)*
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
- Other: Certificate..of..Mail  
Via Express Mail  
.....

### 18. CORRESPONDENCE ADDRESS

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Signature		Date	7/10/2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number (Optional) MBI 1067				
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 4 (C) 2	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 15 (D) 4	**** 0 = * 2 =	x \$ ____ = x \$ 40 =	80	or	x \$ ____ =	
							x \$ ____ =	
							\$ _____	
				Basic Fee (37 CFR 1.16(h)) \$3.55				
				Total Filing Fee \$435		OR \$		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
				Total Additional Fee \$		OR \$		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A), if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-0462</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>\$435.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>								
<u>7/10/02</u> <small>Date</small>				 <small>Signature of Applicant, Attorney or Agent of Record</small>				
				<u>John L. Knoble</u> <small>Typed or printed name</small>				

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): DUNN, et al.

Docket No.

MBI-1067

Serial No.

Unknown

Filing Date

Herewith

Examiner

Unknown

Group Art Unit

Unknown

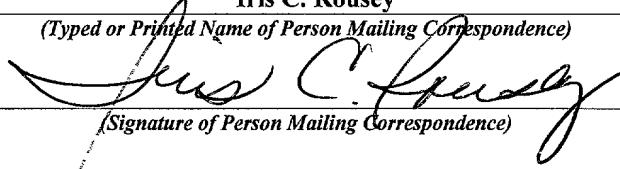
Invention: BOTTLE RACK

I hereby certify that the following correspondence:

Reissue Patent Application Transmittal; Specification, Claims & Abstract (4 pgs.); Formal Drawings (3 pgs.); Reissue Application Fee Transmittal Form (in dup); Reissue Declaration and Power of Attorney including Statement of Inoperativeness or Invalidity; Offer to Surrender, Assent of Assignee, and Power of Attorney; PTO Form 1449; Transmittal letter of Information Disclosure Statement ; Copies of cited References; and a Check for \$435.00 .

*(Identify type of correspondence)*

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